

ACTIVITIES PERMIT

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name (Last, First, Middle):					Other names under which you may have	
Home Address:	(City, State & Zip:		used:	
Home Phone:	Work Phone:		Other Phone:			
Name of Business:					1	
Business Address:		City, State & Zip:		& Zip:		
Business Phone:						
Type of Event or Parade:	ype of Event or Parade:		Date:			
Location of Special Event:						
Start Time:	Finish Time:					
Admission Charge:	Number of Unites:		Number of Persons:		Persons:	
Purpose of Proceeds (if applicable):						
Extra Manpower or Equipment Needed:						
Special Insurance or Bond:						
Cost of Equipment or Manpower:						
Will There Be Any Merchandise or Food Offered For Sale? Yes No						
If so, you will need to request a permit from the Park Department (if event is in park properties)						
Please check with Park Department for any permits – 507-328-2525. You will need approval from them for any park facilities.						
Are Any Additional Services Requested By Any City Department? If so, List:						
Remarks:						

THIS APPLICATION IS MADE SUBJECT TO THE RULES AND REGULATIONS OF THE CITY OF ROCHESTER AND THE UNDERSIGNED HEREBY AGREES FOR THEMSELVES AND OTHERS FOR WHOM THIS APPLICATION IS MADE THAT THE SAME ARE ACCEPTABLE AND WILL BE OBSERVED. THE CITY OF ROCHESTER RESERVES THE RIGHT TO CANCEL ANY PERMIT.

I hereby certify that the information provided herein is true and correct to the best of my knowledge and Belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license/permit should be issued.

Signature of Applicant ______ Date of Application_____

Permit Fee: \$25.00

Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.

IF PARADE, WALK, RUN, ETC - SUMBIT MAP OF ROUTE TO BE TAKEN.

IF YOU NEED TO BLOCK THE STREET, YOU WILL NEED TO SUPPLY YOUR OWN BARRICADES BY CONTACTING ONE OF THE FOLLOWING SUPPLIERS:

 HIGHWAY TECHNOLOGIES, INC.
 SAFETY SIGNS, INC.

 3005 VALLEYHIGH DR NW
 4612 8TH STREET SW

 ROCHESTER, MN 55901
 ROCHESTER, MN 55902

 507-282-1105 (BUSINESS)
 507-254-9720 (BUSINESS)

 507-208-1335 (CELL)
 507-289-4612 (FAX)

507-282-1130 (FAX) <u>RENTALSIGNS.ROCH@YAHOO.COM</u>

RACES AND OTHER USES OF STREETS AND BIKE PATHS

All organizations and individuals requesting permission to use city street or bike paths throughout the city are being cautioned that they cannot use any type permanent markings on the streets or bike path to mark distances or their route. The person or persons requesting the use permit is responsible for removing any and all types of markings used.

Sgt. Miller Rochester Police 507-328-6983

RIGHTS OF SUBJECTS OF GOVERNMENT DATA LICENSE AND PERMIT DATA "TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION (MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU. THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA. THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)	(Date)	

White Copy - City Clerk's Office

Buff Copy - Applicant